



ASC Utilization Report  
State Form 49933 (R3/6-05)  
Indiana State Department of Health  
Acute Care

Status: Finalized

I. Center Identification

Organization Name: CENTER FOR SOUTHSIDE SURGERY

Street Address: 533 East County Line Road

City: Greenwood

County: Johnson

Administrator Name: Amy Rice

Administrator Email: arice@indypain.com

ASC Web Address: www.indypain.com

Fiscal Year: 2017

Accredited:  Yes  No

Name of Accrediting Body: AAAASF

Deemed Status:  Yes  No

Corporate Tax Status:  For Profit  Non Profit

II. Identification of Surgical Resources

|                           |   |
|---------------------------|---|
| Number of operating rooms | 1 |
| Number of procedure rooms | 0 |

III. Utilization Statistics

| A. Total Patients and Procedures                   |                    |                      |
|--|--------------------|----------------------|
| Time Period  | Number of Patients | Number of Procedures |
| Persons Served in twelve-month period              | 345                | 1923                 |
| B. Ten Most Frequent Surgical Procedures Performed |                    |                      |
| CPT Code   | Total Procedures   |                      |
| 64493  | 378                |                      |
| 64494  | 364                |                      |
| 62323  | 196                |                      |
| 64636  | 121                |                      |
| 64635  | 115                |                      |
| 64490  | 102                |                      |
| 64483  | 93                 |                      |

|       |    |
|-------|----|
| 63650 | 64 |
| 62321 | 50 |
| 64484 | 49 |

#### IV. Outcomes from Surgical Procedures

|  |   |
|--|---|
| Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter. | 1 |
|--|---|